



**Fond du Lac County Health Department**  
160 S. Macy St, Fond du Lac, WI 54935  
Phone: 920-929-3085 | Fax: 920-929-3102 | [www.fdlco.wi.gov](http://www.fdlco.wi.gov)



<b>FOR CENTRAL OFFICE USE ONLY</b>	
Conditional: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
Permit: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
PERMIT DATE ISSUED: _____	
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/>
FEE(S) PAID: AMOUNT _____	
DEPOSITED: _____	
In Health Space: _____	

## RETAIL FOOD ESTABLISHMENT APPLICATION

*Wis Stat Ch. 97, 254.61, WI Admin Code ATCP 75*

**Your facility may NOT begin operations or sell, prepare, or store food until your business has been inspected and the license is released. Please complete this form, submit a physical layout and menu for your facility. Notify the Health Department of plans to operate at least 30 days prior to planned operational date.**

<b>ESTABLISHMENT INFORMATION:</b>					
ESTABLISHMENT NAME		CONTACT PERSON		ESTABLISHMENT PHONE: (    )    -	
ESTABLISHMENT STREET ADDRESS		CITY		STATE	ZIP
E-MAIL ADDRESS				INTENDED DATE OF OPERATION	
<b>LEGAL ENTITY INFORMATION – Check ONE</b>					
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership (LP)    In What State Is Your Entity Registered? _____					
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)					COUNTY
LEGAL ENTITY MAILING ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS			LEGAL ENTITY PHONE NUMBER (    )    -		
CONTACT PERSON	TITLE	PHONE NUMBER (    )    -	EMAIL ADDRESS		
<b>LICENSE INFORMATION</b>					
<input type="checkbox"/> NEW BUILDING CONSTRUCTION AND LICENSE <input type="checkbox"/> CHANGE OF OPERATOR WITH REMODEL *					
<input type="checkbox"/> CHANGE OF OPERATOR WITHOUT REMODEL <input type="checkbox"/> MODIFYING AN EXISTING BUILDNG*					
Water: Public <input type="checkbox"/> Private <input type="checkbox"/>			Sewer: Public <input type="checkbox"/> Private <input type="checkbox"/>		

**Check appropriate category for each of the following section(s).**

<b>SERVING MEALS (ATCP 75 &amp; Appendix***)</b>		
<input type="checkbox"/> Beverage Only (Tavern)	\$ 272.00 (\$157.00 License fee + \$115.00 Preinspection fee)	<b>*Requires Certified Protection Food Manager</b>
<input type="checkbox"/> Retail Food – Serving Meals, Pre-packaged	\$ 322.00 (\$192.00 License fee + \$130.00 Preinspection fee)	
<input type="checkbox"/> Retail Food – Serving Meals, Simple*	\$ 698.00 (\$378.00 License fee + \$320.00 Preinspection fee)	
<input type="checkbox"/> Retail Food – Serving Meals, Moderate*	\$ 938.00 (\$468.00 License fee + \$470.00 Preinspection fee)	
<input type="checkbox"/> Retail Food – Serving Meals, Complex*	\$1354.00 (\$584.00 License fee + \$770.00 Preinspection fee)	
<input type="checkbox"/> Additional Kitchen (within establishment)	\$120.00	
<b>NOT SERVING MEALS (ATCP 75 &amp; Appendix***)</b>		
<input type="checkbox"/> Retail Food – Not Serving Meals, Pre-packaged	\$ 269.00 (\$139.00 License fee + \$130.00 Preinspection fee)	<b>*Requires Certified Protection Food Manager</b>
<input type="checkbox"/> Retail Food – Not Serving Meals, Simple*	\$ 660.00 (\$340.00 License fee + \$320.00 Preinspection fee)	
<input type="checkbox"/> Retail Food – Not Serving Meals, Moderate*	\$1033.00 (\$488.00 License fee + \$545.00 Preinspection fee)	
<input type="checkbox"/> Retail Food – Not Serving Meals, Complex*	\$1940.00 (\$1170.00 License fee + \$770.00 Preinspection fee)	

**CERTIFIED PROTECTION FOOD MANAGER INFORMATION**

Certified Food Manager Name: \_\_\_\_\_ Certified Course ID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MICROMARKETS (ATCP 75 & Appendix\*\*\*)**

- ☐ Micromarket \$ 40.00 (no Pre-Inspection fee)
- ☐ Micromarkets (2 or more, one location) \$ 60.00 (no Pre-Inspection fee)

**Total Amount Enclosed: \$ \_\_\_\_\_**

I consent to entry on the premises by the Fond du Lac County Health Department personnel for purposes of inspection at all reasonable hours.

\*\*\* To obtain a copy of the code that covers your permit, search online for the code listed above for which you are applying. Licenses are NOT transferable. All licenses expire on June 30<sup>th</sup> annually.

Wis. Stat. § 97.67 (5) and 97.605 (1)(c) "No license may be issued until all applicable fees have been paid."

Wis. Stat. § 97.605 (1)(a) "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual license by the department or by a local health department that is granted agent status under s. 97.615 (2)."

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m).

**SIGNATURE - APPLICANT****DATE SIGNED**